SUPPLEMENTAL MATERIALS

Trends in Ambulatory Blood Pressure Monitoring Use for Confirmation or Monitoring of Hypertension and Resistant Hypertension Among the Commercially-Insured in the U.S., 2008-2017

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Supplemental Table S1. Results from generalized linear regression models examining trends in the use of ambulatory blood pressure monitoring from 2008 to 2017.

Year	Adjusted Incidence Rate Ratio (95% CI)[a]
Incident Treated Hypertension Cohort	
2008	Referent
2009	1.23 (1.11, 1.35)
2010	1.35 (1.23, 1.49)
2011	1.16 (1.05, 1.29)
2012	1.48 (1.35, 1.64)
2013	1.44 (1.30, 1.59)
2014	1.28 (1.15, 1.42)
2015	1.45 (1.30, 1.63)
2016	1.78 (1.60, 1.98)
2017	1.86 (1.62, 2.13)
Treatment Resistant Hypertension Cohort	
2008	Referent
2009	0.82 (0.56, 1.20)
2010	0.78 (0.53, 1.14)
2011	0.67 (0.45, 0.98)
2012	0.76 (0.52, 1.11)
2013	0.73 (0.49, 1.10)
2014	0.69 (0.45, 1.00)
2015	0.56 (0.37, 0.86)
2016	0.86 (0.58, 1.27)
2017	0.74 (0.47, 1.16)

Incidence rate ratio represents the ratio of the incidence of a given year relative to the incidence of the referent year, 2008.

[a]Adjusted for age, sex, region, and history of diabetes mellitus, chronic kidney disease, myocardial infarction or other ischemic heart disease, peripheral vascular disease, ischemic stroke and hemorrhagic stroke.

Supplemental Figure S1. Study cohort design. Patients are identified on first fill of a qualifying antihypertensive drug, which serves as the index date, represented as the bolded black vertical line. Baseline characteristics are assessed in the 180-day period prior to the index date (gray horizontal bar to the left of the index date). The entire horizontal gray bar serves as the outcome assessment window, during which all ABPM claims submitted are identified. Numbers in brackets represent days relative to the index date, with negative numbers representing days before the index date, positive numbers representing days after the index date, and day 0 representing the index date. *Qualifying antihypertensive drug is the first antihypertensive drug for the incident-treated hypertension cohort, or the fourth antihypertensive drug (used concurrently) for treatment-resistant hypertension cohort.